

# UTILITY PATENT APPLICATION TRANSMITTAL

(for new applications under 37 C.F.R. § 1.53(b))

17602 U.S. PTO  
10/606390  
06/26/03

Customer Number: **000201**  
Attorney Docket Number: **J6836(C)**  
Applicant: **Alexander Paul ZNAIDEN, Tomoko USUI, Tamiko WADA, Yoshiharu ASHIZAWA, Helen Elizabeth KNAGGS, Srinivasan KRISHNAN, Kathy Anne LANZA, Robert Paul VELTHUIZEN**  
For: **Facial Ruler Device, Method, and Kit**  
Express Mail Label No.: **EU 519 961 454 US**  
Date Deposited: **June 26, 2003**  
UNUS #: **03-R105-JP/US**  
Assignee: **Unilever Home & Personal Care USA, Division of Conopco, Inc.**

To: Assistant Commissioner for Patents  
Mail Stop: Utility Patent Application  
Alexandria, VA 22313-1450

## APPLICATION ELEMENTS

1. ☒ Fee Calculation (Box 13) and Authorization (Triplicate copies of this form are enclosed)
2. ☒ Specification and Claims (31) Total Pages
3. ☒ Formal Drawings (5) Total Sheets
4. ☒ Executed Declaration
5. ☐ Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary)
  - a. ☐ Computer Readable Copy
  - b. ☐ Paper copy (identical to computer copy)
  - c. ☐ Statement verifying identity of above copies.

## ACCOMPANYING APPLICATION PARTS

6. ☒ Information Disclosure Statement (IDS)/PTO-1449
7. ☒ Copies of IDS citations
8. ☐ Preliminary Amendment
9. ☒ Two (2) Return Receipt Postcards
10. ☐ Certified Copy of Priority Document
11. ☐ The benefit under 35 U.S.C. § 119 is claimed of the filing of:
12. ☐ Other:
13. ☒ The FILING FEE (including any claims introduced or cancelled by Preliminary Amendment) is calculated below:

| CLAIMS                 |                |              |           |            |                    |
|------------------------|----------------|--------------|-----------|------------|--------------------|
| FOR                    | NUMBER ALLOWED | NUMBER FILED |           | RATE       | BASIC FEE \$750.00 |
| Total Claims           | 20             | 19           |           | X \$ 18.00 |                    |
| Independent Claims     | 3              | 2            |           | X \$ 80.00 |                    |
| Multiple Claims        |                | <u>Yes</u>   | <u>No</u> | X \$270.00 |                    |
|                        |                |              | X         |            |                    |
| TOTAL FILING FEE . . . |                |              |           |            | \$750.00           |

14. [X] Charge \$750.00 to Deposit Acct. #12-1155. Triplicate copies of this letter are enclosed.
15. [X] The Commissioner is hereby authorized to charge any additional fees, which may be required, including all required fees under  
[X] 37 C.F.R. § 1.16;  
[X] 37 C.F.R. § 1.17;  
[X] 37 C.F.R. § 1.18.
16. [X] **C rrespondence Address:**  
Customer Number: 000201

Respectfully submitted,



Ellen Plotkin  
Attorney of Record  
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